



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

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## PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

December 21, 2010

Approved  
2/1/2011

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Michael Green	Pamela Chiang	Glenda Pinney
Kathy Watt, <i>Co-Chair</i>	Bradley Land	Miguel Fernandez	Craig Vincent-Jones
Douglas Frye	Quentin O'Brien	Susan Forrest	
Thelma James		Aaron Fox	
Ted Liso		Miki Jackson	HIV EPI AND OAPP STAFF
Anna Long		Paul Meza	
Abad Lopez		Scott Singer	Juhua Wu
Tonya Washington-Hendricks		Jason Wise	

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- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 12/21/2010
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 10/26/2010
- 3) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 11/30/2010
- 4) **Spreadsheet:** Ryan White Part A & Single Allocation Model (SAM) Care Expenditures by Service Categories, Grant Year 20 Ryan White Funding Expenditures as of September 30, 2010, 11/28/2010
- 5) **Summary Key:** Ryan White Part A and B Expenditures by Service Categories, 6/17/2010
- 6) **Table:** Fiscal Year 2010 Priorities, 12/15/2009
- 7) **Memorandum:** HRSA Guidance and Ryan White Legislation Priority- and Allocation-Setting Process, 12/21/2010
- 8) **Graphic:** Year 21 Priority- and Allocation-Setting (P&A) Process Timeline, 1/27/2010
- 9) **Table:** FY 2011 Service Category Priority Rankings and Allocations, 11/30/2010
- 10) **Form:** Priority- and Allocation-Setting Three Year Timeline, 12/21/2010
- 11) **Memorandum:** Standards of Care (SOC) Committee, Guidelines for Nomination of Non-Commission Committee Members, 12/6/2006
- 12) **Policy/Procedure:** Nomination of Non-Commission Committee Members, 10/14/2009

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:25 pm.

2. **APPROVAL OF AGENDA:**

**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).

3. **APPROVAL OF MEETING MINUTES:**

- Ms. Wu questioned the 5% figure for underspent funds allocated in the 11/30/2010 minutes, page 3, Motion 4. Mr. Goodman replied the motion was reworded to better reflect available funds before Commission presentation.

**MOTION #2:** Approve the 10/26/2010 Priorities and Planning (P&P) Committee Meeting Minutes (*Passed by Consensus*).

**MOTION #2:** Approve the 11/30/2010 Priorities and Planning (P&P) Committee Meeting Minutes (*Passed by Consensus*).

4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.

5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.

**6. PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

**7. CO-CHAIRS' REPORT:**

**A. Committee Work Plan:**

- Mr. Goodman noted the top priorities previously identified for January are: Minority AIDS Initiative (MAI), to be discussed when more OAPP staff can attend; and Oral Health, with a report from Carlos Vega-Matos.
- Principal topics for the current meeting are the P-and-A process and P&P non-Commission Committee members.

**B. Committee Non-Commission Members:**

- Mr. Goodman said that if the Committee chose to include such members, it would need to develop criteria for selecting them. Mr. Vincent-Jones reiterated that they would be Board-appointed and would have voting rights. It is the only County Commission that allows members appointed directly to committees, a provision included in the last Ordinance revision. Candidates complete an abbreviated Commission application including the County's Statement of Qualifications and it is reviewed by the Committee, then the Operations Committee reviews it to ensure that the committee's criteria are met. This type of membership can constitute one less than committee quorum.
- Standards of Care (SOC) sought such members for more clinical expertise than available through just Commissioners. Joint Public Policy (JPP) sought voting rights for Prevention Planning Committee (PPC) members to reflect its joint nature. Operations is mostly internal, so chose not to have such members. P&P has not yet made a determination.
- Regarding attendance requirements, Mr. Vincent-Jones said a County Ordinance states Board appointments can be removed after three consecutive unexcused absences, but only by the Board. The Board rarely, if ever, enforces it. The countywide Commission Report has recommended swifter enforcement action.
- Ms. James asked about term expiration. Mr. Vincent-Jones replied all members have two-year terms. The Board's unwritten policy is that members stay in their seats until replaced or the person resigns.
- Ms. Forrest felt non-voting attendees provided an independent voice that might be downgraded with voting members.
- Dr. Long felt it might be easier to achieve quorum and it does not reduce the voice of non-voting attendees.
- Mr. Fox felt that the policy should be applied consistently by all committees or not at all for transparency purposes. Mr. Vincent-Jones said consistency is addressed through a formal policy in which the committees' specific needs will be outlined as reasoning for their decision(s).
- Ms. Watt said she was a non-voting attendee for years and did not find it challenging. Work is addressed in committee, presented to the Commission for approval and voted at that level. She found no compelling reason for such members.
- Ms. Washington-Hendricks noted non-Commissioners voted during priority ranking. Mr. Goodman replied those were straw votes to foster community participation. The actual slate and other formal votes are limited to P&P members.
- Ms. Chiang said she routinely attended to keep Bienestar informed of evolving services. Commission participation is very time intensive and can limit provider participation, but she felt committee participation was more manageable. Even so, she felt a vote was not essential since providers benefit simply by receiving the information.
- Ms. Watt noted the PPC sought broad Prevention Plan participation via a work group. It had to limit voting participants per agency as some sent up to a dozen people to attempt to stack the vote. P&P could face the same issue.
- Mr. Singer felt it important to identify specific voices or expertise to enrich P&P rather than opening it broadly. Mr. Vincent-Jones agreed that the purpose is to add specific skills/expertise rather than the general public which already has ample opportunity to express its interests. Each committee decides the unique needs that must be addressed. He went on to say that due to the nature of P&P's work, the committee might have to exclude funded providers from eligibility.
- He added Commission Co-Chairs review Commissioner committee assignments for balance among: consumers and providers; ethnicity, race and gender; geographic representation; and more/less experienced commissioners. Due to JPP's nature, it has additional requirements for representation from each supervisorial district and the PPC.
- Ms. Jackson felt such members risk politicizing P&P due to its P-and-A responsibilities. She has seen no problem engaging people with expertise and the public already speaks freely. Large providers once had designated Commission seats and it caused major problems. Mr. Vincent-Jones said P&P has emphasized evidence-based decision-making to avert that.
- Mr. Goodman felt such members could provide expertise, but that was now available and political issues were likely to be a greater risk than any benefit. Commission Co-Chair appointment of P&P members maintains objectivity.
- Ms. Washington-Hendricks felt safeguards could be written into the policy to contain political concerns. Ms. Jackson noted even the Ordinance is not enforceable, so restrictions in a policy would be even less so.

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- Per straw poll: All non-Commission attendees but one opposed adopting voting non-Commission committee members. Ms. Forrest complimented P&P on the openness of its discussion and process in deciding this matter.

**MOTION #3 (Goodman/Liso):** Approve Committee Non-Commission Members for the Priorities and Planning Committee (*Withdrawn*).

**MOTION #3 (Watt/Liso):** The Priorities and Planning Committee will not move forward with a policy for non-Commission Committee Members (**Passed: Ayes**, Frye, Goodman, James, Liso, Lopez, Watt; **Opposed**, Washington-Hendricks; **Abstentions**, none).

8. **FY 2010 EXPENDITURES:** This item was postponed.

9. **FY 2010 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:** This item was postponed.

10. **FY 2011 PRIORITY- AND ALLOCATION-SETTING PROCESS:** This item was postponed.

11. **FY 2012 PRIORITY- AND ALLOCATION-SETTING (P-and-A) PROCESS:**

A. **Goals and Objectives:** This item was postponed.

B. **Timeline/Schedule:**

- Bradley Land previously asked if Ryan White Legislation and HRSA guidance required planning councils to do a full, annual P-and-A process. Mr. Goodman said he researched the question as detailed in the memorandum in the packet.
- In brief, planning councils are not required to do a P-and-A on any given frequency. They are required per Legislation Section 2602 to monitor the grant annually to ensure it is spent based on whatever plan is in place.
- Mr. Goodman noted the prior suggestion to do a full P-and-A biannually to coincide with the biannual release of new Los Angeles Coordinated HIV Needs Assessment (LACHNA) data. Annual monitoring would continue as usual. He also felt it worthwhile to re-affirm or amend the existing priorities and allocations in those years when a full process has not yet been completed.
- Dr. Frye added P&P already makes adjustments as needed. Mr. Goodman confirmed planning councils can make adjustments at any time as may be necessary, e.g., in response to anticipated service system changes.
- Mr. Fox asked what circumstances have historically prompted major re-allocations. Mr. Vincent-Jones replied there have not been major unanticipated shifts, e.g., Medical Care Coordination (MCC) is a major shift, but has taken place over five years. He felt the only thing that may call for a wholesale priorities/allocations review is implementation of Health Care Reform (HCR) and the transition to Medi-Cal managed care.
- He noted zero-based allocations were done last year with little change. The Commission has already initiated many changes prior to other planning councils, such as adding Benefits Specialty and Health Insurance Premiums/Cost-Sharing (HIPPC-S) and accommodating the Therapeutic Monitoring Program (TMP). The Commission also made several decisions in advance of anticipated state budget cuts that were implemented when cuts occurred.
- Mr. Goodman said it is estimated 70% of those who now receive Medical Outpatient through Ryan White will transfer to Medi-Cal managed care starting with implementation of the 1115 Waiver. The current Medical Outpatient allocation is \$23 million, so funds could remain or be re-allocated. Two-thirds of the Part A award is based on a formula not affected by the change. The remaining one-third is determined by competitive application, so any impact is unknown.
- Mr. Vincent-Jones noted the County's Department of Health Services (DHS) is still developing a transition plan. While discussions indicate the process is anticipated to begin in June 2011, it will be in phases through 2014 when HCR is fully implemented. No decision has yet been announced on how clients will be prioritized for the transition.
- Mr. Lopez asked about ADAP. Mr. Goodman noted details are not available. Mr. Fox added medical managed care plans generally have larger formularies than ADAP, so medications could be provided. Mr. Vincent-Jones emphasized consumers need to be assured that medications will be available although the funding source may change.
- Mr. Fernandez felt LACHNA data supports a biannual P-and-A, but system changes still require an annual process.
- Ms. Watt said there are two tracks. Tools used for the P-and-A do not change annually, so it is not necessary to review the same data two years in a row. System change review is an entirely different process.
- Mr. Vincent-Jones felt a biannual review process would provide more flexibility to review pertinent data, to look at service categories in depth as previously discussed, and to address shifts in how care is delivered.
- Ms. Washington-Hendricks had consulted with her SPA. They supported a biannual process if items can be revisited as needed. She was concerned about how a two-year process would affect category refunding and implementation.

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- Mr. Goodman noted P&P can review new data and consider re-allocation to a service category at any time. Regarding implementation, the administrative agency (OAPP) is responsible for procurement and must address County challenges, although the Commission may advocate for expedited implementation, e.g., advocating to the Health Deputies.
- Ms. Forrest pointed out the transgender population was prioritized, a task force was formed and it was agreed more data was needed. Yet, there has been no effort to obtain data so services might be improved to address their specific needs. Mr. Vincent-Jones said the Commission ranks all Continuum of Care priorities, but it is understood that funds are not sufficient for all.
- He added the P-and-A format is more of a work load discussion than one on service implementation. Some six months are spent annually reviewing redundant data with review almost constant for the last 18 months. Many studies have been planned, but there has been no time to do them. Changing the structure would free time for in-depth studies.
- Mr. Goodman offered a suggested revised 2011 plan: January, MAI and Oral Health review; February, topical subjects; March, annual recertification of priorities with review of any new data; April, review of OAPP annual utilization report; May, annual recertification of allocations with review of new data; June and July, topical subjects; September through November, review of new LACHNA data; December, initiation of provider and consumer forums and other stakeholder input. 2012, February and March, major priority ranking based on new data received in 2011.
- Mr. Liso suggested discussion of the managed care transition as well as service categories, including those that have been defunded.
- Ms. Washington-Hendricks said when Treatment Education was defunded reviewing SPAs with the greatest need such as 6 and 7 was discussed. She urged such a review. Mr. Goodman agreed and felt the category itself might benefit from review.
- She also suggested discussion on involving consumers better. Mr. Vincent-Jones noted that is a Commission-wide issue. The Consumer Caucus has finished its work plan. Operations is addressing Commissioner needs and general consumer involvement with its Comprehensive Training Program. The two bodies will meet soon to coordinate the work.
- Mr. Vincent-Jones noted the current process is just four years old. All available information has been reviewed in the regular P-and-A process. Additional information will require research for which a biannual process will offer time.
- Dr. Frye, Director, HIV Epidemiology (HEP), said HEP is moving from a semi-annual to an annual report with data through December. The report should be available for review by February though the changes this year may delay it.
- ➡ Mr. Goodman, Mr. Vincent-Jones and Ms. Pinney will incorporate suggestions into the process policy for discussion in January. After P&P finalizes and approves a new draft timeline, it will go to the Commission for final approval.

C. **Provider Forums:** This item was postponed.

D. **Priority Rankings:** This item was postponed.

E. **Funding Allocations:** This item was postponed.

F. **Program/Planning Brief:** This item was postponed.

12. **LOS ANGELES COUNTYWIDE HIV NEEDS ASSESSMENT (LACHNA):** This item was postponed.

13. **COMPREHENSIVE CARE PLAN (CCP):** This item was postponed.

14. **NUTRITION SUPPPORT STUDY:** This item was postponed.

15. **HOSPICE AND SKILLED NURSING STUDY:** This item was postponed.

16. **DATA SUMMIT:** This item was postponed.

17. **SERVICE CATEGORY PRESENTATIONS:** This item was postponed.

18. **RESOURCE ANALYSIS THRESHOLD(S):** This item was postponed.

19. **SPECIAL POPULATIONS:** This item was postponed.

20. **MONITORING GOALS/OBJECTIVES:** This item was postponed.

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**21. OTHER STREAMS OF FUNDING:** This item was postponed.

**22. NEXT STEPS:** This item was postponed.

**23. ANNOUNCEMENTS:** There were no announcements.

**24. ADJOURNMENT:** The meeting was adjourned at 3:30 pm.